

**EXHIBIT F**  
**DEFENDANT**  
**DOCTOR**  
**LABOR**  
**DEPOSITION**

Dr. Alan Labor  
March 22, 2016

1

1  
2 UNITED STATES DISTRICT COURT  
3 SOUTHERN DISTRICT OF NEW YORK  
4 Index No. 15 cv 1832 (VSB)  
-----x

5 KAMILAH BROCK,  
6 Plaintiff,

7 - against -  
8 THE CITY OF NEW YORK, NEW YORK CITY HEALTH  
9 AND HOSPITALS CORPORATION, HARLEM  
10 HOSPITAL, DR. ELISABETH LESCOUFLAIR,  
11 Individually and in her Official Capacity,  
12 DR. ZANA DOBROSHI, Individually and in her  
Official Capacity, DR. ALAN LABOR,  
Individually and in his Official Capacity,  
and POLICE OFFICER SLAVADOR DIAZ, Shield  
No. 21953, Individually and in his  
Official Capacity,

13 Defendants.  
-----x

14 March 22, 2016  
15 12:30 p.m.  
16

17 Deposition of DR. ALAN LABOR,  
18 taken by the Plaintiff, pursuant to Order,  
19 held at the Law Offices of Michael S.  
20 Lamonsoff, PLLC, 32 Old Slip, New York,  
21 New York, before Danielle M. Baglio, a  
22 Shorthand Reporter and Notary Public of  
23 the State of New York.

24  
25

Dr. Alan Labor  
March 22, 2016

2

1

2 A P P E A R A N C E S :

3

4 LAW OFFICES OF MICHAEL S.

5 LAMONSOFF, PLLC

6 Attorneys for Plaintiff

7 32 Old Slip

8 New York, New York 10005

9 BY: JESSICA MASSIMI, ESQ.

10

11

12 ZACHARY W. CARTER, ESQ.

13 Corporation Counsel

14 Attorneys for Defendants

15 100 Church Street

16 New York, New York 10007

17 BY: JOSHUA J. LAX, ESQ.

18

19

20

21

22

23

24

25

Dr. Alan Labor  
March 22, 2016

16

1 DR. ALAN LABOR

2 themselves, as in this case, the CPEP. I  
3 was on-call that day when Miss Brock was  
4 in the hospital.

5 Q. Where were you on-call?

6 A. In the comprehensive psychiatric  
7 emergency program, or CPEP.

8 Q. Where is Harlem Hospital  
9 located?

10 A. In Manhattan, New York.

11 Q. Do you know the address?

12 A. 530 Lenox Avenue.

13 Q. Where is the CPEP located in  
14 that building?

15 A. There are five buildings that  
16 make up -- well, Harlem Hospital has five  
17 main buildings, and the MLK, the Martin  
18 Luther King building, is where the CPEP  
19 is, on the first floor.

20 Q. Did you attend medical school?

21 A. Yes.

22 Q. Where did you attend medical  
23 school?

24 A. Russia.

25 Q. What's the name of the medical

Dr. Alan Labor  
March 22, 2016

24

1 DR. ALAN LABOR

2 Luther King building.

3 Q. Where were you when you first  
4 met Kamilah Crock?

5 A. In the CPEP.

6 Q. Where is the CPEP located in the  
7 Martin Luther King building?

8 A. On the first floor of the MLK  
9 building.

10 Q. Is it part of the emergency room  
11 or separated from the emergency room?

12 A. Separated.

13 Q. What were the circumstances  
14 under which you first met Kamilah Brock on  
15 September 14, 2014?

16 A. Could you repeat that again?

17 Q. Sure. What were the  
18 circumstances under which you met Miss  
19 Brock on September 14, 2014?

20 A. To provide a psychiatric  
21 evaluation.

22 Q. Did somebody ask you to provide  
23 a psychiatric evaluation?

24 A. Yes.

25 Q. Who asked to you provide a

Dr. Alan Labor  
March 22, 2016

25

1 DR. ALAN LABOR

2 psychiatric evaluation?

3 A. The attending physician,

4 Dr. Samuels.

5 Q. What is Dr. Samuels' first name?

6 A. Erin.

7 Q. Did Dr. Samuels communicate with  
8 you that -- I'm sorry. Is Dr. Samuels a  
9 man or a woman?

10 A. A female.

11 Q. How did Dr. Samuels communicate  
12 with you that she wanted you to provide a  
13 psychiatric evaluation for Kamilah Brock?

14 A. She asked me to interview her  
15 and do a psychiatric assessment.

16 Q. Did Dr. Samuels verbally ask you  
17 to perform the psychiatric assessment?

18 A. Yes.

19 Q. Did Dr. Samuels tell you  
20 anything about Miss Brock when you were  
21 being asked to perform this evaluation?

22 A. No.

23 Q. Dr. Samuels didn't provide you  
24 with any information about Kamilah Brock?

25 A. No.

Dr. Alan Labor  
March 22, 2016

26

1 DR. ALAN LABOR

2 Q. What did Dr. Samuels tell you at  
3 that time?

4 A. Well, in the morning, which is  
5 usual, we see patients and -- patients are  
6 assigned to us, residents and attendings,  
7 and we do interviews. The attending  
8 physician on-call, Dr. Samuels, told me to  
9 interview Miss Brock.

10 Q. Was it a random assignment?

11 MR. LAX: Objection.

12 A. Yes.

13 Q. What time of day did you receive  
14 that instruction from Dr. Samuels?

15 A. September 14th.

16 Q. I'm sorry. Do you remember what  
17 time of day approximately that was?

18 A. In the morning. Maybe about  
19 9:30, 10. Around there.

20 Q. Did you receive this assignment  
21 during the course of a normal meeting that  
22 you have on a daily basis when you're  
23 working?

24 A. Yes.

25 Q. After receiving this assignment

Dr. Alan Labor  
March 22, 2016

27

1 DR. ALAN LABOR

2 from Dr. Samuels, what was the next thing  
3 that you did?

4 A. I asked Miss Brock to escort me  
5 into the interview room for a private  
6 interview.

7 Q. Where was the meeting with  
8 Dr. Samuels that you had?

9 A. In the CPEP.

10 Q. Did you have to walk to where  
11 Kamilah Brock was located in order to  
12 speak to her?

13 A. Right.

14 Q. Where was she at that time?

15 A. She was in the -- I don't recall  
16 where, but she was in the CPEP.

17 Q. How long did that take you to  
18 get to her from where you had received  
19 this instruction?

20 A. A few minutes.

21 Q. When you first encountered Miss  
22 Brock, what was she doing?

23 A. I don't remember.

24 Q. Do you remember what she looked  
25 like?

Dr. Alan Labor  
March 22, 2016

28

1 DR. ALAN LABOR

2 A. Yeah. I remember.

3 Q. What did she look like?

4 A. African-American, with  
5 dreadlocks.

6 Q. Do you remember anything else  
7 about her physical appearance?

8 A. No.

9 Q. Okay.

10 A. She appeared a little younger  
11 than her age.

12 Q. What do you mean when you say  
13 she appeared younger than her age?

14 A. Well, when I first met her,  
15 maybe I was expecting someone older than  
16 her real age.

17 Q. What do you remember her real  
18 age as being?

19 A. I would have put her maybe 20 or  
20 29.

21 Q. That's what you expected her to  
22 be or that's what she appeared to be?

23 A. That's what she appeared to be.

24 Q. Why did you expect her to be  
25 older than --

Dr. Alan Labor  
March 22, 2016

29

1 DR. ALAN LABOR

2 A. No. Appeared.

3 Q. Okay. Right. You said when you  
4 encountered her, she appeared younger than  
5 she actually was?

6 A. Correct. Yes.

7 Q. Can you explain to me why she  
8 appeared younger to you?

9 A. Well, just her features. She  
10 appeared to be younger than 33 or 34, I  
11 think she was at the time. Any other  
12 features I cannot -- there's nothing else  
13 that I could remember except she's black  
14 and she had dreadlocks.

15 Q. Is there anything else about her  
16 appearance or behavior that created this  
17 impression of a younger person?

18 A. No.

19 Q. So, you first encountered  
20 Kamilah Brock in the CPEP unit. And what  
21 was the first thing you said to her?

22 A. "My name is Dr. Labor. I'm the  
23 resident psychiatric physician here, and  
24 I'm assigned to your case. Can I meet  
25 with you for an interview?"

Dr. Alan Labor  
March 22, 2016

30

1 DR. ALAN LABOR

2 Q. Did Miss Brock say anything in  
3 response to that?

4 A. I don't recall, but she did --  
5 she came with me into the interview room.

6 Q. Where was the interview room?

7 A. In the CPEP.

8 Q. How long did it take you to get  
9 to the interview room once you met up with  
10 Miss Brock?

11 A. It has to be maybe a minute.

12 Q. What happened once you and Miss  
13 Brock were in the interview room?

14 A. Well, she sat down and I  
15 introduced myself again. And she asked me  
16 if I'm going to let her get out of here.

17 Q. Did you say anything in response  
18 to that?

19 A. I said, "Well, my job is to do  
20 an assessment."

21 Q. Did she respond to that?

22 A. Yes, she did.

23 Q. What did she say?

24 A. She said, again, if I recall  
25 well, I don't remember her exact words,

Dr. Alan Labor  
March 22, 2016

31

1 DR. ALAN LABOR

2 but she said, "They brought me here," you  
3 know, "for nothing. I didn't do nothing.  
4 The police brought me here. They seized  
5 my car, and all I wanna do is get out of  
6 here."

7 Q. Did you say anything in response  
8 to that?

9 A. I asked her what happened with  
10 the police, to tell me the story.

11 Q. Did Miss Brock appear upset?

12 A. Yes.

13 Q. When you asked her to tell you  
14 what had happened with the police, did she  
15 respond?

16 A. She said she was driving in  
17 Harlem. She had just come back from New  
18 Jersey -- she had just come back from  
19 somewhere into the city, from Long Island;  
20 and she was driving fast and she was  
21 pulled over by the cops.

22 Q. Did she say anything else?

23 A. And she was taken to the  
24 precinct and they had an argument. She  
25 had an argument with the cops.

Dr. Alan Labor  
March 22, 2016

32

1 DR. ALAN LABOR

2 Q. Did she say anything else?

3 A. She stated that because she's  
4 black, the cops did not believe that she  
5 can own a BMW.

6 Q. Did she say anything else?

7 A. No. Not as far as I could  
8 remember.

9 Q. Did you say anything to her in  
10 response to any of those statements you  
11 just told me?

12 A. So, I asked her why did the  
13 cops -- she said she had an argument with  
14 the cops. So I said, "Well, why did they  
15 bring you to a psychiatric hospital or not  
16 arrest or take you to the tubes for  
17 legal?" She did not answer.

18 Q. Did you ever ask the police why  
19 they brought her to the psych hospital and  
20 not to jail?

21 A. No.

22 Q. Is there a reason why?

23 A. I had no contact with the  
24 police.

25 Q. In your time at Harlem Hospital,

Dr. Alan Labor  
March 22, 2016

33

1 DR. ALAN LABOR

2 have you ever encountered a patient who  
3 was wrongfully brought to the psychiatric  
4 unit wrongfully by the police?

5 MR. LAX: Objection. You can  
6 answer.

7 A. I can't answer that.

8 Q. Why can't you answer that?

9 A. Because I'm not sure what  
10 wrongfully is. How will I know if it was  
11 wrongfully if I was not there with the  
12 police when this happened? So it's not  
13 for me to say whether it was wrongfully or  
14 not. Patients have claimed they were  
15 wrongfully brought, but I cannot say  
16 that's right, that's true.

17 Q. How do you determine whether or  
18 not someone is properly brought to the  
19 psychiatric unit of the hospital by the  
20 police?

21 A. How can can I determine that?

22 Q. Yes.

23 A. I don't think I can, because I'm  
24 not the police and I was not there when  
25 incidents occur.

Dr. Alan Labor  
March 22, 2016

34

1 DR. ALAN LABOR

2 Q. But you don't just accept what  
3 the police tell you when they say that  
4 somebody belongs in the psych unit,  
5 correct?

6 A. Well, I accept their judgment  
7 that they see something wrong with the  
8 patient. A patient could be aggressive,  
9 could be behaving out of order. And  
10 again, I'm not the police to tell who goes  
11 where. I do my own assessments.

12 Q. Okay. And this initial meeting  
13 that you had with Miss Brock in the  
14 interview room, how long did that last?

15 A. About 15 minutes.

16 Q. Other than the conversation that  
17 you just told me that transpired between  
18 you and Miss Brock in the interview room  
19 at that time, is there anything else that  
20 was said between the two of you?

21 A. Other than what I just told  
22 you?

23 Q. Yes.

24 A. Well, there was discussions back  
25 and forth with us. Yes.

Dr. Alan Labor  
March 22, 2016

35

1 DR. ALAN LABOR

2 Q. Can you just relay to me the  
3 entirety of those discussions during that  
4 15-minute time period, to the best of your  
5 memory?

6 A. Well, at first she was  
7 forthcoming with answers. And when I  
8 probed deeper into finding what actually  
9 happened, because remember, we do not have  
10 the police reports given to us from the  
11 medical emergency room. So, I probed to  
12 find out what was the reason. And again,  
13 this is where our assessment begins, from  
14 what happened outside. She was not giving  
15 me answers. She being very evasive and  
16 not providing answers.

17 Q. How was she being evasive?

18 A. By not answering the questions  
19 about what happened.

20 Q. What was she saying?

21 A. Up to the point when she told me  
22 that she was brought to the precinct  
23 because she was driving fast, she was, I  
24 think, I'm not sure, but maybe she  
25 mentioned they thought maybe she was under

Dr. Alan Labor  
March 22, 2016

36

1 DR. ALAN LABOR

2 the influence.

3 But when they went to the  
4 precinct, arguments ensued between her and  
5 the police. And in that discussion, she  
6 made a statement that, "They don't believe  
7 I own a BMW because I'm a black girl."

8 Q. Did she seem credible to you  
9 when she was speaking to you?

10 MR. LAX: Objection. You can  
11 answer.

12 A. Credible in terms of what  
13 happened?

14 Q. Well, specifically, you just  
15 told me that she told you that the police  
16 didn't believe that she owned a BMW  
17 because she was a black girl. Did you  
18 believe she was telling the truth about  
19 that?

20 A. I don't believe that, because  
21 black people own BMWs. It's nothing  
22 strange. So why should the cops pull her  
23 out or why did they bring her to the  
24 precinct because of owning a BMW and being  
25 black? I did not see the reasoning for

Dr. Alan Labor  
March 22, 2016

38

1 DR. ALAN LABOR

2 particular street in Harlem?

3 A. I don't recall.

4 Q. Did you ask her what the speed  
5 limit was --

6 A. I don't recall.

7 Q. -- where she claims to have been  
8 driving?

9 A. I don't recall.

10 Q. Can you go back and tell me the  
11 remainder of the conversations that you  
12 and Miss Brock had during that 15-minute  
13 time period, because I think I cut you off  
14 a little bit?

15 A. Yeah. So I tried to get the  
16 story of why the police bring her to the  
17 precinct -- to the hospital, versus, you  
18 know, handcuffing her and getting her  
19 through the system to see a judge. I did  
20 not get that answer. She could not tell  
21 me why. I asked over and over again. All  
22 she wanted to know, "Doctor, I wanna get  
23 out of here. I should not be here. I'm  
24 not crazy."

25 Q. Do you think Miss Brock trusted

Dr. Alan Labor  
March 22, 2016

39

1 DR. ALAN LABOR

2 you?

3 A. I hope.

4 Q. Did you think she sensed that  
5 you didn't believe her?

6 MR. LAX: Objection.

7 A. I can't say.

8 Q. But you didn't believe her,  
9 right?

10 A. She was not giving me the  
11 answers I wanted to make an assessment.

12 Q. She did give you one piece of  
13 information that you already told me you  
14 didn't believe, that she was pulled over  
15 by the police and that the police didn't  
16 believe she owned a BMW because she's a  
17 black girl. Is that a fair  
18 characterization of your testimony a few  
19 moments ago?

20 A. Why should not the -- well,  
21 again, I'm not the police. But, why  
22 should not the police believe her, if I  
23 have to say it like that again. Because  
24 for a black woman to drive a BMW is  
25 common. It's not uncommon.

Dr. Alan Labor  
March 22, 2016

40

1 DR. ALAN LABOR

2 Q. Right. And I don't think my  
3 question is should the police believe her  
4 or not. My question is: Do you believe  
5 that the police might not believe her when  
6 she says, "I own a BMW"?

7 MR. LAX: Objection. Go ahead.

8 A. It's possible.

9 Q. But you didn't believe her when  
10 she said that to you during the 15-minute  
11 interview in the interview room?

12 A. No. Why should not -- no. I  
13 believed her. She told me she drives a  
14 BMW, she was driving fast, and I believed  
15 her. I don't know why she thought the  
16 police should not believe her that she  
17 owned it. But like I said, it's common  
18 for a woman to drive a BMW. So why should  
19 not I?

20 Q. Of course, of course. During  
21 that 15-minute conversation, did Miss  
22 Brock make any other statements to you?

23 A. She was very preoccupied about  
24 leaving the hospital, so I switched from  
25 asking about the incident, and I said,

Dr. Alan Labor  
March 22, 2016

41

1 DR. ALAN LABOR

2 "Okay. Have you had a prior incident  
3 like this?" She said, "No."

4 I asked her about her past  
5 psychiatric history. She did mention that  
6 she saw a doctor once, but she didn't  
7 divulge further.

8 Q. Did you ask anymore questions  
9 about the doctor that she said she saw  
10 once?

11 A. Yes. Like I said, she did not  
12 want to speak further.

13 Q. You just said that she seemed  
14 very preoccupied with leaving the  
15 hospital, correct?

16 A. Yes.

17 Q. Is that weird to you?

18 A. No.

19 MR. LAX: Objection.

20 Q. When you say preoccupied, what  
21 do you mean?

22 A. Preoccupied meaning that's all  
23 she wanted, she was asking.

24 Q. But that doesn't seem abnormal  
25 to you, right?

Dr. Alan Labor  
March 22, 2016

42

1 DR. ALAN LABOR

2 A. No.

3 Q. During that 15-minute  
4 conversation in the interview room, did  
5 you ever hear Miss Brock say that she was  
6 going to hurt herself?

7 A. No.

8 Q. Did you ever hear Miss Brock say  
9 that she was going to hurt others?

10 A. No.

11 Q. Did anyone ever tell that you  
12 Miss Brock was going to hurt herself?

13 A. No.

14 Q. Did anyone ever tell that you  
15 Miss Brock said she was going to hurt  
16 others?

17 A. No.

18 Q. Did Miss Brock think that people  
19 were out to get her?

20 A. Well, she thought that the  
21 police was out to get her, so to speak.

22 Q. What statement did Miss Brock  
23 make to you that led you to believe that  
24 she thought the police were out to get  
25 her?

Dr. Alan Labor  
March 22, 2016

43

1 DR. ALAN LABOR

2 A. Because she thought driving fast  
3 did not warrant the police to pull her.  
4 She did not understand why they pulled  
5 her.

6 Q. But you don't know how fast was  
7 she was driving?

8 A. No.

9 Q. And you don't know where she was  
10 driving and what the speed limit was?

11 A. It was in Harlem. The city of  
12 Harlem in Manhattan.

13 Q. From the moment you arrived at  
14 work that morning up until the end of that  
15 15-minute conversation that you had with  
16 Miss Brock that we were just discussing,  
17 did she say or do anything that led you to  
18 believe that she posed a risk of danger to  
19 herself or others?

20 A. Yes.

21 Q. Can you specify what exactly?

22 A. We -- she spoke about that she  
23 drives fast; she has -- she does not see  
24 it wrong or anything -- well, she doesn't  
25 see it wrong to drive with her foot stuck

Dr. Alan Labor  
March 22, 2016

44

1 DR. ALAN LABOR

2 of the window, because her mother did that  
3 around Rockefeller Center when she was a  
4 child, and nothing happened to the  
5 mother. And by that time, her urine  
6 toxicology had come up positive for  
7 marijuana.

8 So her behavior, which was kind  
9 of erratic and impulsive to her peers in  
10 the room, led us to believe that she could  
11 be a harm to others at the time.

12 Q. Did you say peers in the room  
13 room?

14 A. Yes. Other patients.

15 Q. What room are you referring to?

16 A. In the CPEP.

17 Q. What did you observe her doing  
18 in the CPEP room?

19 A. Argumentative.

20 Q. Argumentative with who?

21 A. Other patients.

22 Q. How many other patients?

23 A. One or two.

24 Q. Did you hear what they were  
25 arguing about?

Dr. Alan Labor  
March 22, 2016

45

1 DR. ALAN LABOR

2 A. I don't recall.

3 Q. Do you know what started those  
4 arguments?

5 A. I don't recall.

6 Q. Did you make any other  
7 observations of Miss Brock in the CPEP  
8 room during that 15-minute time frame that  
9 led you to believe that her behavior was  
10 erratic?

11 A. She was loud, talking loud,  
12 talking fast.

13 Q. Did you hear anything she was  
14 saying?

15 A. I don't recall, but it was all  
16 about her getting out of here.

17 Q. Did you record these statements  
18 anywhere?

19 A. I think I record them in the  
20 progress notes.

21 Q. Which would be a part of her  
22 chart, correct?

23 A. Yes.

24 Q. When did you make these  
25 observations of Miss Brock?

Dr. Alan Labor  
March 22, 2016

46

1 DR. ALAN LABOR

2 A. In the CPEP.

3 Q. Was it before or after you had a  
4 conversation with her?

5 A. Before, during and after.

6 Q. What observations did you make  
7 of Miss Brock before you spoke to her?

8 A. Loud; argumentative with the  
9 nursing staff; refusal to cooperate with  
10 CPEP policies and procedures.

11 Q. Anything else prior to your  
12 conversations?

13 A. That's it.

14 Q. What CPEP policies and  
15 procedures did she fail to comply with?

16 A. Blood draws; urine, providing  
17 urine samples.

18 Q. Anything else?

19 A. There's two sections of the  
20 CPEP. We like patients who just come in  
21 for a couple of hours to stay in the CPEP  
22 area, and she was always all around the  
23 place. She could not stay in the area  
24 where she was supposed to stay.

25 Q. Is that area clearly marked?

Dr. Alan Labor  
March 22, 2016

47

1 DR. ALAN LABOR

2 A. Well, she's told that's where  
3 she has to stay.

4 Q. How do you know she was told  
5 that?

6 A. Well, when they come in, that's  
7 normal procedure. Patients are told where  
8 they're supposed to stay.

9 Q. So, in all fairness, you're  
10 assuming she was instructed to stay in a  
11 particular area, correct?

12 A. Yes.

13 Q. When you say that she failed to  
14 comply with CPEP policies and procedures  
15 regarding blood draws and urine samples,  
16 she did give a urine sample, did she not?

17 A. Eventually she did. Yes.

18 Q. You're saying by the end of your  
19 15-minute conversation, the toxicology  
20 report for the marijuana had already come  
21 back?

22 A. I suspect so. Or either, maybe  
23 she herself told us that she was smoking  
24 marijuana. Either that. Either she  
25 herself had said it or the results had

Dr. Alan Labor  
March 22, 2016

48

1 DR. ALAN LABOR

2 come out. One of the two.

3 Q. But either way, she was given  
4 multiple blood tests and urine samples  
5 during her stay at Harlem Hospital,  
6 correct?

7 MR. LAX: Objection.

8 A. Yes.

9 Q. So what do you mean when you say  
10 she didn't comply with the CPEP policies  
11 procedures to give blood draws and urine  
12 samples?

13 A. At the beginning.

14 Q. But again, you're not sure  
15 whether she complied or not, because you  
16 testified earlier that her toxicology  
17 report had come back by the end of your  
18 15-minute conversation, which means by the  
19 time you first observed her, she must have  
20 already given a urine sample or blood test  
21 for her marijuana toxicology, correct?

22 MR. LAX: Objection.

23 A. If I remember well, yes. The  
24 results may have come out, but she herself  
25 in that discussion did say that she was

Dr. Alan Labor  
March 22, 2016

49

1 DR. ALAN LABOR

2 under the influence of marijuana.

3 Q. Okay.

4 A. And she was asking for it.

5 Q. I'm not trying to be petty or  
6 anything with regard to this, but I just  
7 want to be clear, because you're saying  
8 she didn't comply with CPEP policies and  
9 procedures regarding blood draws and urine  
10 samples. But it's possible by the time  
11 you first observed her she might have  
12 already complied with those policies and  
13 procedures for blood draws and urine  
14 samples, correct?

15 A. It's possible. Yes.

16 Q. So prior to speaking with Miss  
17 Brock, did you observe anything else about  
18 her behavior?

19 A. Pacing; unable to sit still;  
20 loud, loud, loud speech; rambling; talking  
21 a lot; pressure.

22 Q. Can those types of behaviors  
23 serve as a sign for a particular  
24 diagnosis?

25 A. Yes.

Dr. Alan Labor  
March 22, 2016

50

1 DR. ALAN LABOR

2 Q. What diagnosis is that?

3 A. Mood disorders; bipolar  
4 disorders.

5 Q. Anything else?

6 A. Schizophrenia; psychosis.

7 Q. Can they also serve as a sign  
8 for simply not wanting to be in the psych  
9 unit?

10 A. It could be.

11 Q. Is there anything else you  
12 recall about Miss Brock's behavior before  
13 you began speaking with her on that day?

14 A. No.

15 Q. Before you spoke to Miss Brock,  
16 what had you heard about her?

17 MR. LAX: Objection. You can  
18 answer.

19 A. Nothing.

20 Q. Dr. Samuels didn't tell you  
21 anything about Miss Brock?

22 A. No.

23 Q. Did any of the other medical  
24 staff inform you of anything with regard  
25 to Miss Brock before you spoke to her?

Dr. Alan Labor  
March 22, 2016

51

1 DR. ALAN LABOR

2 A. No.

3 Q. Have you now told me everything  
4 you remember hearing or observing with  
5 regard to Miss Brock before you began  
6 speaking with her?

7 A. Yes.

8 Q. At some point, you go and  
9 retrieve Miss Brock from the CPEP area and  
10 you take her into an interview room, and  
11 then that's the beginning of the 15-minute  
12 conversation that we've already spoken  
13 about?

14 A. Yes.

15 Q. Other than what you've already  
16 told me, did Miss Brock make any  
17 statements to you, that you recall, during  
18 that 15-minute conversation?

19 MR. LAX: Objection. Go ahead.

20 A. She was not providing answers,  
21 and basically that was it. She was not  
22 giving us the meat as to why she was there  
23 and what the prevailing circumstances  
24 were, from her point of view. We found  
25 her evasive.

Dr. Alan Labor  
March 22, 2016

52

1 DR. ALAN LABOR

2 Q. Was the purpose of that  
3 conversations with Miss Brock to diagnose  
4 her with anything?

5 A. Yes.

6 Q. Before beginning the  
7 conversations with Miss Brock, did you  
8 entertain the possibility that perhaps you  
9 wouldn't reach a diagnosis at the end of  
10 that 15-minute conversation?

11 A. Yes. There's a possibility you  
12 will not.

13 Q. Did you reach a diagnosis of  
14 Miss Brock at the end of that 15-minute  
15 conversation with her?

16 A. At that time, no.

17 Q. And why is that?

18 A. We did not get the full  
19 picture.

20 Q. Why do you believe you didn't  
21 get the full picture?

22 A. Well, like I said, she was not  
23 providing us the answers at that time  
24 about her current circumstances, why she  
25 was brought to the emergency room; she was

Dr. Alan Labor  
March 22, 2016

53

1 DR. ALAN LABOR

2 not providing us with her past history as  
3 much; she did say she had contact with a  
4 psychiatrist, she did not want to  
5 elaborate. All she wanted was, "I just  
6 wanna be calm. Do you prescribe medical  
7 marijuana?" She asked about that, and we  
8 said no.

9 Q. Who did she have contact with  
10 first upon her arrival to Harlem  
11 Hospital?

12 MR. LAX: Objection.

13 A. I don't know.

14 Q. Is there an intake unit when  
15 someone's brought by the police to Harlem  
16 Hospital?

17 A. That's the medical emergency  
18 room.

19 Q. To your knowledge, is that where  
20 Miss Brock was brought by the police?

21 A. Yes.

22 Q. And then what happens when  
23 somebody is brought to the medical  
24 emergency room by the police?

25 A. Well, then they are treated.

Dr. Alan Labor  
March 22, 2016

54

1 DR. ALAN LABOR

2 They're treated. And if the medical  
3 doctors realize or notice signs of mental  
4 instability or if it becomes apparent or  
5 clear, then they're referred to a psych  
6 emergency room for further assessment.

7 Q. The patient is first assessed by  
8 the admitting doctor in the emergency  
9 room?

10 A. The medical. That's where  
11 everybody comes in.

12 Q. Sorry. I'm just trying to  
13 understand. The patient is first assessed  
14 by the admitting doctor in the medical  
15 emergency room?

16 A. Yes.

17 Q. Do you know who the admitting  
18 doctor was for Miss Brock in the medical  
19 emergency room?

20 A. No.

21 Q. After somebody is brought in by  
22 police and seen by the admitting doctor in  
23 the medical emergency room, what is the  
24 next things that happens, based on your  
25 understanding and experience, at Harlem

Dr. Alan Labor  
March 22, 2016

55

1 DR. ALAN LABOR

2 Hospital?

3 A. If the medical doctors assess at  
4 the time that the patient may need to see  
5 a psychiatrist due to their prevailing  
6 circumstances and presenting symptoms,  
7 then the psychiatric emergency room  
8 attendings are called.

9 Q. Is it your understanding that  
10 that's what happened in this case?

11 A. Yes.

12 Q. Who was the psych attending that  
13 was called in this instance?

14 A. I was not there when she came  
15 into the CPEP for the first time -- well,  
16 when she came into the CPEP, so I would  
17 not know.

18 Q. After a psychiatric attending is  
19 called in an instance where it's deemed  
20 necessary, what is the next thing that  
21 happens, based on your experience and  
22 knowledge?

23 A. Then the psychiatrist goes to  
24 the medical emergency room and assesses  
25 the patient there, or the patient is asked

Dr. Alan Labor  
March 22, 2016

56

1 DR. ALAN LABOR

2 to be transferred to the psychiatric  
3 emergency room.

4 Q. And then what's the next thing  
5 that happens, based on your experience?

6 A. Then an assessment is done.

7 Q. Would that be the assessment you  
8 already explained, the 15-minute  
9 conversation?

10 A. No. That was done -- my  
11 assessment was done on the second day of  
12 her admission in the CPEP.

13 Q. So after the initial assessment  
14 is done in a circumstance where a psych  
15 attending is deemed necessary, what's the  
16 next thing that happens, based on your  
17 experience?

18 A. Then, if a patient has to stay,  
19 which is usually the case, for more  
20 observation, a follow-up assessment is  
21 done 24 hours later.

22 Q. And in this circumstance, were  
23 you the follow-up assessment? The doctor  
24 that performed the follow-up assessment of  
25 Miss Brock?

Dr. Alan Labor  
March 22, 2016

57

1 DR. ALAN LABOR

2 A. I could have performed maybe the  
3 second or third follow-ups. I'm not  
4 sure.

5 Q. Generally speaking, after the  
6 follow-up assessment is performed within  
7 24 within hours, as you just explained,  
8 what is the next thing that happens, based  
9 on your experience?

10 A. It all depends on what the  
11 assessment brings about. If the  
12 assessment is for admission for another  
13 day or two, then so be it; if it's for  
14 longer term admission, it's also done at  
15 or could be done at that time; or  
16 discharge the patient after consulting  
17 family, friends, and knowing the full  
18 story.

19 Q. In this circumstance, in the  
20 time that you met Miss Brock initially,  
21 did you know if she had been admitted for  
22 a day or two or if she was to spend  
23 several additional days there?

24 A. At the time I met her, I knew  
25 that she came in on the weekend. I knew

Dr. Alan Labor  
March 22, 2016

58

1 DR. ALAN LABOR

2 that she had been there before I saw her.

3 Q. Did you know if you were  
4 assessing her to determine whether or not  
5 she was to be released or to stay for a  
6 longer period of time?

7 A. That's our job. Yes.

8 Q. So, just to clarify, it's your  
9 understanding that when you met with her  
10 during that initial 15-minute  
11 conversation, you were going to make a  
12 determination of whether or not she was  
13 supposed to be released or whether or not  
14 she was to stay for an additional number  
15 of days?

16 A. Yes.

17 Q. At what point did you make that  
18 determination regarding her release or  
19 further admittance?

20 A. After me and her met, I called  
21 the addiction counselor, also spoke with  
22 her. She refused to speak with her. And  
23 then I presented the case to Dr. Samuels,  
24 as customary.

25 MR. LAX: Note my objection to

Dr. Alan Labor  
March 22, 2016

59

1 DR. ALAN LABOR

2 the form for the last question. Go on.

3 Q. What information did you present  
4 to Dr. Samuels?

5 A. What happened between me and her  
6 and the prior couple of 15 minutes, about  
7 15 minutes.

8 Q. Did you relay any information to  
9 Dr. Samuels other than what you've already  
10 told me?

11 A. At that time, her sisters were  
12 visiting, so I think I told Dr. Samuels  
13 that we have her sisters here, as well.

14 Q. Did you speak with Miss Brock's  
15 sisters?

16 A. Yes.

17 Q. How many sisters?

18 A. Two.

19 Q. What did you speak with them  
20 about?

21 A. We spoke about Miss Brock.

22 Q. And what did they tell you about  
23 Miss Brock, if anything?

24 A. Miss Brock has been having  
25 family stresses recently; she has had a

Dr. Alan Labor  
March 22, 2016

60

1 DR. ALAN LABOR  
2 history of manic behavior; she has put  
3 herself in risky activities, like driving  
4 fast; and because of her manic and risky  
5 behaviors, involvement in risky behaviors,  
6 her father and her were not getting along  
7 and the father asked her to leave the  
8 house; so she was out of the house, the  
9 family house for a bit; and the sisters  
10 clearly asked us to not to let her go that  
11 fast.

12 Q. Did they ask you to administer  
13 something called Haloperidol to her?

14 A. No.

15 Q. Did you order Haloperidol for  
16 the plaintiff at any point during her  
17 admittance?

18 MR. LAX: Objection. Go ahead.

19 A. I could have. That's a common  
20 medication we order for patients who are  
21 impulsive and manic and not able to keep  
22 themselves calm.

23 MS. MASSIMI: Can you read back  
24 the end of the last response?

25 (Record read by the reporter.)

Dr. Alan Labor  
March 22, 2016

61

1 DR. ALAN LABOR

2 Q. When you encounter a patient who  
3 you perceive to be impulsive, manic and  
4 not able to keep themselves calm, what is  
5 the first resort in a situation like  
6 that?

7 MR. LAX: Objection. Go ahead.

8 A. Talk to them, verbal  
9 redirection.

10 Q. Talk to them for what purpose?

11 A. To provide support and to let  
12 them know that they're safe, and ask them  
13 to sit still; let them know they've been  
14 disruptive to others.

15 Q. Did you ever try to negotiate  
16 with Miss Brock to see if she understood  
17 her behavior?

18 A. Yes.

19 Q. Did you observe anything  
20 regarding Miss Brock's behavior that  
21 warranted the forced administration of any  
22 medication?

23 MR. LAX: Objection. Go ahead.

24 A. She was unable to control  
25 herself; she was getting into verbal

Dr. Alan Labor  
March 22, 2016

62

1 DR. ALAN LABOR

2 arguments with her peers; she was not  
3 responding to verbal redirection.

4 MS. MASSIMI: Can you just read  
5 back the last question?

6 (Record read by the reporter.)

7 Q. In those behaviors that you've  
8 just described to me, you believe that  
9 that warranted the forced administration  
10 of medication?

11 MR. LAX: Objection.

12 A. Yes.

13 Q. What specifically do you believe  
14 Miss Brock did that would have warranted  
15 the forced administration of Haldol?

16 MR. LAX: Objection.

17 A. I think I said that already.

18 Q. Just those three things that  
19 you've just described?

20 A. Yes.

21 Q. What do you believe is more  
22 extreme: Commitment in a psych ward or  
23 administration of Haldol?

24 MR. LAX: Objection.

25 Q. What's so funny?

Dr. Alan Labor  
March 22, 2016

63

1 DR. ALAN LABOR

2 A. Because I can't tell what is  
3 more extreme. It all depends on the  
4 circumstances.

5 Q. Is Haldol short for  
6 Haloperidol?

7 A. Yes.

8 Q. I'm just going to refer to it as  
9 Haldol.

10 A. Sure.

11 Q. What's Haldol?

12 A. It's an antipsychotic.

13 Q. In this situation, based upon  
14 everything you observed regarding Miss  
15 Brock with regard her behavior, things  
16 that she spoke to you about, as you sit  
17 here today, you can't tell me what is more  
18 extreme between the commitment in a psych  
19 ward and the forced administration of  
20 Haldol?

21 MR. LAX: Objection.

22 A. Well, forced administration of  
23 injections is for emergent behavioral  
24 control. Preventing a patient from  
25 hurting themself, preventing a patient

Dr. Alan Labor  
March 22, 2016

64

1 DR. ALAN LABOR

2 from hurting others.

3 Inpatient admission is for a  
4 couple of days, and while being admitted  
5 as an inpatient, yes, we also give  
6 forced -- we can give forced medications,  
7 IM medications. So to say which is more  
8 extreme is, you know.

9 Q. I just want to be clear about  
10 this: Haldol would only be administered  
11 in circumstances where a patient appears  
12 to be a harm to themselves or a harm to  
13 others, correct?

14 MR. LAX: Objection.

15 A. Not necessarily.

16 Q. What are the other circumstances  
17 under which you would think it's  
18 appropriate to administer Haldol against a  
19 patient's will?

20 MR. LAX: Objection.

21 A. Behavior. Their behavior.

22 Q. Such as?

23 A. Erratic; manic; impulsive;  
24 hyperactive; psychotic.

25 Q. What specifically was Miss Brock

Dr. Alan Labor  
March 22, 2016

65

1 DR. ALAN LABOR  
2 doing that made you think it was  
3 appropriate that she be administered  
4 Haldol against her will?

5 MR. LAX: Objection.

6 A. Well, she was hyperactive; she  
7 was loud; she was disrupting others, the  
8 peace of others; and she was not listening  
9 to verbal redirection.

10 Q. But, Doctor, you have to admit  
11 that all of those things you've just  
12 listed are different than actually posing  
13 a physical threat to another individual,  
14 correct?

15 MR. LAX: Objection.

16 A. Not necessarily.

17 Q. What did she specifically do, if  
18 anything, that led you to believe that she  
19 posed a physical threat to other people?

20 MR. LAX: Objection.

21 A. Being disruptive to others.

22 Q. How was that physically  
23 threatening to other people?

24 A. Because it could nearly become a  
25 physical altercation.

Dr. Alan Labor  
March 22, 2016

66

1 DR. ALAN LABOR

2 MR. LAX: Can we just take a  
3 break for a second? I just want to ask  
4 him a question.

5 (Recess taken.)

6 MS. MASSIMI: Read back the last  
7 question and answer, please.

8 (Record read by the reporter.)

9 Q. Doctor, we've just taken a short  
10 break and you've had an opportunity to  
11 refer to the stack of medical records  
12 that's in front of you. Did you recognize  
13 that document?

14 MR. LAX: Objection.

15 A. What document?

16 Q. The document that you reviewed.  
17 It's a very large document.

18 A. I did not review all of them. I  
19 reviewed the orders.

20 Q. So you reviewed only the orders  
21 portion of the document that's in front of  
22 you?

23 A. Yes.

24 Q. I just want to say, if you need  
25 to refer to that document at any point to

Dr. Alan Labor  
March 22, 2016

67

1 DR. ALAN LABOR

2 refresh your recollection of anything, you  
3 can do so. It's a copy of the plaintiff's  
4 chart and orders that we've received from  
5 Harlem Hospital from her admittance there  
6 back in 2014.

7 A. Okay.

8 Q. I just want to go back to the  
9 initial meeting that you had with Miss  
10 Brock on, I believe it was September 14,  
11 2014.

12 A. Actually, it was the 15th.

13 We've just corrected the day.

14 Q. It was Monday the 15th?

15 A. Right.

16 Q. Just to clarify, everything that  
17 we've been speaking about with regard to  
18 your initial meeting with Miss Brock in  
19 that 15-minute meeting in the CPEP unit,  
20 that was on September 15, 2014?

21 A. Yes.

22 Q. So, was that one day or two days  
23 after Miss Brock was admitted to the  
24 hospital?

25 A. I think one day.

Dr. Alan Labor  
March 22, 2016

68

1 DR. ALAN LABOR

2 Q. Can you take a look at the chart  
3 to be sure?

4 MR. LAX: She's allowing you to  
5 look through this as much as you need to  
6 to see.

7 (Witness perusing the document.)

8 A. Okay. Sunday, 14th of September  
9 was when she came into the CPEP at 12:00  
10 in the daytime. 12:05. Yes. Sunday,  
11 14th September. And I met with her  
12 Monday, 15th September. So it's one day.

13 Q. Can you tell from looking at the  
14 medical records when she arrived to the  
15 ER?

16 (Witness perusing the document.)

17 A. It says arrival time to CPEP.  
18 I'm not sure of the arrival time of the  
19 medical ER, if that's what you're asking  
20 for.

21 Q. What about at the top of the  
22 page? There's a box in the upper right  
23 corner of the page. Does that give the  
24 admittance date or is that something  
25 else?

Dr. Alan Labor  
March 22, 2016

69

1 DR. ALAN LABOR

2 A. Oh, okay. Admission. I guess,  
3 September 14, 2014.

4 Q. Is that admission to the  
5 emergency room or to the CPEP unit?

6 A. I guess it's in the emergency  
7 room.

8 Q. Did you prescribe any  
9 medications to be administered to Miss  
10 Brock during her stay at Harlem Hospital?

11 A. Yes.

12 Q. What medications were those?

13 A. Haloperidol.

14 Q. Anything else?

15 A. And Ativan, also called  
16 Lorazepam.

17 Q. Also called Lorazepam?

18 A. Yes.

19 Q. How many times did you order  
20 Haloperidol for Miss Brock?

21 A. Once.

22 Q. When was that administered to  
23 Miss Brock?

24 A. On the day I met with her, after  
25 I met with her.

Dr. Alan Labor  
March 22, 2016

70

1 DR. ALAN LABOR

2 Q. On September 15th?

3 A. 15th.

4 Q. 2014?

5 A. Yes.

6 Q. Was that the first order for

7 Haloperidol that had been requested for

8 Miss Brock during her stay?

9 MR. LAX: And again, if you need  
10 to look, you can take a look.

11 A. No. It was not.

12 Q. When was the first Haloperidol  
13 order, as reflected by the records that  
14 you're referring to right now?

15 A. The 14th.

16 Q. Who ordered that? You can take  
17 your time.

18 (Witness perusing document.)

19 A. Okay. Before I ordered that, it  
20 was ordered on the 13th of September.

21 Q. Who ordered it?

22 A. Herman Anderson.

23 Q. Who is Herman Anderson?

24 A. I do not know. I presume he's a  
25 medical ER physician.

Dr. Alan Labor  
March 22, 2016

71

1 DR. ALAN LABOR

2 Subsequently to that,

3 Dr. Dobroshi ordered the next day on the  
4 14th of September.

5 Q. Can I see the page you're  
6 looking at with Herman Anderson's name on  
7 it?

8 A. (Complying.)

9 Q. Is it correct to say that Miss  
10 Brock was administered three injections of  
11 Haldol while she was admitted to Harlem  
12 Hospital?

13 A. The records -- yes. That's what  
14 the records show.

15 Q. Was it more than three?

16 A. I'm looking at the records now.

17 Q. Take your time.

18 A. The first one was on the 13th,  
19 Dr. Anderson; the second was on the 14th,  
20 Dr. Dobroshi; and the third was myself on  
21 the 15th.

22 (Witness perusing the document.)

23 A. Yes. I would think so. Yes.  
24 Three Haldols.

25 Q. Was the dosage the same for each

Dr. Alan Labor  
March 22, 2016

72

1 DR. ALAN LABOR

2 order of Haldol?

3 A. Yes.

4 Q. And what was the dosage?

5 A. Five milligrams.

6 Q. Is five milligrams of Haldol an  
7 appropriate dosage for Miss Brock's  
8 approximate weight and height?

9 A. Yes.

10 Q. Do you recall what her  
11 approximate weight and height was?

12 A. No.

13 Q. Do you know why Herman Anderson  
14 ordered Haldol for Miss Brock?

15 A. No.

16 Q. Do you know why Dr. Dobroshi  
17 ordered Haldol for Miss Brock?

18 A. No.

19 Q. Were all three of those  
20 injections forced injections?

21 MR. LAX: Objection.

22 A. I know mine was. Yes, because  
23 she had refused pill by mouth.

24 Q. Can you actually take a look at  
25 the medical records and tell me how the

Dr. Alan Labor  
March 22, 2016

73

1 DR. ALAN LABOR

2 Haldol was administered for Herman  
3 Anderson's Haldol order and Dr. Dobroshi's  
4 Haldol order?

5 A. Okay. Anderson's order was five  
6 milligrams, IM.

7 Q. By what?

8 A. Intramuscular, IM.

9 Q. And what does intramuscular  
10 mean?

11 A. The injection goes into the  
12 muscle.

13 Q. Why would the Haldol have been  
14 administered via intramuscular injection?

15 A. For faster results, for faster  
16 action.

17 Q. Is it fair to say that it's  
18 because Miss Brock refused to take the  
19 Haldol?

20 A. Most likely.

21 Q. What are the other methods of  
22 receiving Haldol into the body?

23 A. By mouth.

24 Q. And Haldol would have been taken  
25 by mouth if she was consenting to the

Dr. Alan Labor  
March 22, 2016

74

1 DR. ALAN LABOR

2 dosage, correct?

3 A. Yes.

4 Q. And the administration of Haldol  
5 pursuant to Dobroshi's order on September  
6 14th was which method?

7 A. Okay. Dr. Dobroshi's order was  
8 for Haldol, five milligrams IM, on the  
9 14th.

10 Q. Meaning intramuscular  
11 injection?

12 A. Intramuscular. Yes.

13 Q. And again, based on your  
14 knowledge, experience and training, the  
15 injection of Haldol would have been given  
16 via intramuscular injection because Miss  
17 Brock did not want to take the Haldol?

18 A. By mouth.

19 Q. And then you said that you  
20 ordered an intramuscular injection for  
21 Miss Brock of Haldol on September 15th,  
22 correct?

23 A. Yes.

24 Q. Did you personally administer  
25 the Haldol to Miss Brock?

Dr. Alan Labor  
March 22, 2016

75

1 DR. ALAN LABOR

2 A. No.

3 Q. Who administered the Haldol?

4 A. Her nurse.

5 Q. Which nurse?

6 (Witness perusing the document.)

7 A. Okay. It was administered by

8 Amelia Okaruma.

9 Q. Did you witness the Haldol being  
10 administered?

11 A. Yes.

12 Q. How was the Haldol  
13 administered?

14 A. Intramuscularly.

15 Q. Did Miss Brock have to be  
16 restrained in any manner to administer the  
17 Haldol, given that she didn't want to take  
18 it orally?

19 A. No.

20 Q. Was she sitting down when it was  
21 administered?

22 A. On her bed.

23 Q. And she wasn't restrained to her  
24 bed at all?

25 A. No.

Dr. Alan Labor  
March 22, 2016

76

1 DR. ALAN LABOR

2 Q. With regard to the intramuscular  
3 injections of Haldol she had on the 13th  
4 and 14th, do you know if she had to be  
5 restrained in any manner while the Haldol  
6 was administered?

7 A. I don't know because I wasn't  
8 there.

9 Q. Is there any way to tell from  
10 the medical records whether or not that  
11 was the case?

12 A. Yes. It could be in the  
13 progress notes; maybe the nurse's, usually  
14 because the nurses write the notes because  
15 they do the restraints. They should put  
16 it in the note.

17 Q. You're saying with regard to the  
18 Haldol injection you ordered, Miss Brock  
19 did not have to be restrained in any  
20 manner?

21 A. I do not recall that. No.

22 Q. Do you want to take a look at  
23 the progress notes for that injection just  
24 to confirm whether or not she had to be  
25 restrained?

Dr. Alan Labor  
March 22, 2016

77

1 DR. ALAN LABOR

2 A. Sure.

3 Q. You can take your time.

4 MR. LAX: Which note are you  
5 referring to?

6 MS. MASSIMI: The one he ordered  
7 on September 15th.

8 A. There's no mention of  
9 restraints.

10 Q. If restraints are necessary, are  
11 they included every time in the progress  
12 note?

13 MR. LAX: Objection.

14 A. They should be.

15 Q. You first met with Miss Brock on  
16 September 15, 2014, correct?

17 A. Yes.

18 Q. When you first met with her, did  
19 you know that she had already received two  
20 five-milligram injections of Haldol?

21 A. No.

22 Q. Do Haldol injections affect a  
23 patient's behavior in any way?

24 A. Yes. It makes them calm.

25 Q. How long do the effects of the

Dr. Alan Labor  
March 22, 2016

78

1 DR. ALAN LABOR

2 injection of five milligrams generally

3 last for?

4 A. A couple of hours.

5 Q. Did you prescribe or order any  
6 other medication for Miss Brock during her  
7 stay at -- during her commitment to Harlem  
8 Hospital?

9 MR. LAX: Objection. You can  
10 answer.

11 A. I ordered Ativan/Lorazepam.

12 Q. What's considered a harsher  
13 drug, Ativan/Lorazepam or Haldol?

14 A. They're both doing different  
15 things.

16 Q. What does Haldol do?

17 A. Keeps them from being impulsive  
18 and gets them to keep calm.

19 Q. What about Ativan-Lorazepam?

20 A. Sedates them.

21 Q. And between the two, you don't  
22 know which is considered a harsher drug?

23 MR. LAX: Objection.

24 A. Yes. I do not know.

25 Q. During the September 15th

Dr. Alan Labor  
March 22, 2016

79

1 DR. ALAN LABOR

2 meeting with Miss Brock, did you take any  
3 notes?

4 A. Yes.

5 Q. Were they handwritten notes?

6 A. No. On the computer.

7 Q. Are those notes included in the  
8 chart that we've been reviewing today?

9 A. Yes.

10 Q. You testified earlier that at  
11 the end of that initial 15-minute meeting  
12 on September 15th, you didn't make a  
13 diagnosis of Miss Brock; is that correct?

14 A. Correct.

15 Q. Did there come a time when you  
16 did make a diagnosis of Miss Brock?

17 A. Yes.

18 Q. When was that?

19 A. After I met with the attending  
20 and her sisters.

21 Q. After you met with Dr. Samuels?

22 A. Yes.

23 Q. And how long after your meeting  
24 with Miss Brock did that meeting with  
25 Dr. Samuels and Miss Brock's sisters take

Dr. Alan Labor  
March 22, 2016

88

1 DR. ALAN LABOR

2 know, we were wondering whether that could  
3 lead to a physical altercation.

4 Q. But you didn't hear what was  
5 said between them?

6 A. I don't recall.

7 Q. You didn't hear Miss Brock make  
8 any threats with regard to that person?

9 A. No.

10 Q. Did you ever hear Miss Brock  
11 threaten anyone during her entire stay at  
12 Harlem Hospital?

13 A. No.

14 Q. When you state that she had  
15 racing thoughts, how do you know that?

16 A. Well, wanting to do a lot of  
17 things. Wanting to go; wanting to, you  
18 know, go get the things done. So that  
19 tells you the patient has racing thoughts  
20 when they have lot of things going on at  
21 the same time.

22 Q. What specifically did she say  
23 she wanted to do?

24 A. I don't remember.

25 Q. Do you remember anything she

Dr. Alan Labor  
March 22, 2016

89

1 DR. ALAN LABOR

2 wanted to do other than leaving the  
3 hospital?

4 A. She wanted to go back and get  
5 her car.

6 Q. So, leave the hospital?

7 A. Yes.

8 Q. When you state that she admitted  
9 to driving fast, are you just referring to  
10 what we have already discussed earlier  
11 when she was driving around Harlem?

12 A. Yes.

13 Q. And again, you don't know  
14 specifically where she was driving or what  
15 the speed limit was where she was  
16 driving?

17 A. She was on one of the avenues in  
18 Harlem, and that is where she was picked  
19 up. I'm not sure which one.

20 Q. But you don't know what the  
21 speed limit was at that location?

22 A. I assume the speed limit of the  
23 City of New York.

24 Q. What speed limit is that?

25 A. I do not know.

Dr. Alan Labor  
March 22, 2016

92

1 DR. ALAN LABOR

2 specific examples that you believe support  
3 your conclusion that Miss Brock was acting  
4 in an erratic manner?

5 A. Well, when she came to the CPEP,  
6 going back to your previous question,  
7 sorry, she was refusing to follow orders  
8 because she was refusing to take off her  
9 earrings and jewelry; she was refusing to  
10 follow the orders of the hospital police.

11 Q. Did you observe this  
12 interaction?

13 A. No.

14 Q. How do you know about it?

15 A. It was in the progress notes.

16 Q. And what makes you think that's  
17 erratic?

18 A. That's not erratic. I said  
19 prior to your previous question about --  
20 what was your previous question to this?

21 Q. Not following orders.

22 A. Not following orders.

23 Q. So, she didn't want to take off  
24 her earrings or jewelry. But you didn't  
25 see that happen?

Dr. Alan Labor  
March 22, 2016

93

1 DR. ALAN LABOR

2 A. No.

3 Q. How do you know about it?

4 A. From previous records, from  
5 previous notes.

6 Q. From Dr. Nnadi's notes?

7 A. Yes. One of the two. Or  
8 Dr. Dobroshi's notes.

9 Q. What earrings and jewelry did  
10 she not want to removed?

11 A. Her personal jewelry. Patients  
12 are not allowed to have personal jewelry  
13 while they're in the CPEP.

14 Q. Why?

15 A. For safety reasons.

16 Q. Do you know the value of her  
17 earrings or jewelry?

18 A. No.

19 Q. Do you know if she eventually  
20 removed her earring or jewelry?

21 A. Eventually she had to.

22 Q. What do you mean she had to?

23 A. Because patients will have to  
24 take off their jewelry prior to admission  
25 in the CPEP.

Dr. Alan Labor  
March 22, 2016

94

1 DR. ALAN LABOR

2 Q. And being that she was admitted,  
3 she must have removed them?

4 A. Yes. At some point.

5 Q. Voluntarily?

6 A. From my recollection,  
7 involuntarily.

8 Q. Involuntarily. And how were her  
9 earrings and jewelry involuntarily  
10 removed?

11 A. I'm not sure.

12 Q. When you say from your  
13 recollection they were removed  
14 involuntarily, is that something you read  
15 in Dr. Nnadi's notes?

16 MR. LAX: Objection.

17 A. Yes. In one of the notes.  
18 Yes.

19 Q. Did she have to be restrained in  
20 any manner in order for hospital staff to  
21 remove her personal belongings?

22 A. No. She could have been, but I  
23 don't think she was.

24 Q. When you say that her earrings  
25 and jewelry were involuntarily removed,

Dr. Alan Labor  
March 22, 2016

95

1 DR. ALAN LABOR

2 that might just mean that she said, "I  
3 don't want to remove my earrings and  
4 jewelry," but then took them off anyway?

5 MR. LAX: Objection.

6 A. Well, you can say so. Remember,  
7 I wasn't there. That happened over the  
8 weekend. You can say so.

9 Q. Okay.

10 A. Or sometimes we medicate  
11 patients to be able to get them sedated  
12 enough to take their earrings off.

13 Q. Can you tell from looking at the  
14 medical records in front of you that we've  
15 been referring to today why the Haldol  
16 injection was ordered by Herman Anderson  
17 on September 13th?

18 A. I do not know.

19 MR. LAX: Take a look at the  
20 records and see if you can see his portion  
21 the chart.

22 (Witness perusing the document.)

23 A. Okay. I found a note, but this  
24 is the nurse's note.

25 Q. What date and time?

Dr. Alan Labor  
March 22, 2016

116

1 DR. ALAN LABOR

2 MR. LAX: Objection. You can  
3 answer.

4 A. No.

5 Q. Is there a standard of care or  
6 something like it that must be followed  
7 when a patient presents with the symptoms  
8 that you've described here today in  
9 relation to Miss Brock?

10 MR. LAX: Objection.

11 A. I do not know.

12 Q. Do you if any reasonably  
13 well-qualified physician would differ with  
14 your opinion regarding Miss Brock's  
15 diagnosis?

16 MR. LAX: Objection.

17 A. It's not only my opinion, it's  
18 the opinions of a team of healthcare  
19 providers.

20 Q. I just need you to answer the  
21 question.

22 A. So the answer is no.

23 Q. Does Harlem Hospital have any  
24 published policies or procedures  
25 applicable to a physician's diagnosis,

Dr. Alan Labor  
March 22, 2016

117

1 DR. ALAN LABOR

2 care or treatment of a patient with

3 Bipolar 1 Disorder?

4 MR. LAX: Objection.

5 A. I do not know.

6 Q. Did any of Miss Brock's family  
7 members ever tell you that she was violent  
8 with them?

9 A. I do not remember violence.

10 Q. Is that something that would  
11 stand out to you if they had said that?

12 MR. LAX: Objection. You can  
13 answer.

14 A. I don't remember.

15 Q. Did there come a time when Miss  
16 Brock was discharged from Harlem  
17 Hospital?

18 A. Say that again?

19 Q. Did there come a time when Miss  
20 Brock was discharged from Harlem  
21 Hospital?

22 A. She's no longer admitted, so I  
23 would expect so.

24 Q. I know, but I have to ask you.  
25 You're the doctor. I can't just make

Dr. Alan Labor  
March 22, 2016

118

1 DR. ALAN LABOR

2 statements on the record like that. So if  
3 you can just answer the question, we can  
4 get through the questions and you can get  
5 out of here quickly.

6 Just to repeat it: Did there  
7 come a time when Miss Brock became  
8 discharged from the hospital?

9 A. Records shows a discharge date  
10 and time.

11 Q. Great. Can you tell me, based  
12 on the records, the date and time that  
13 Miss Brock was discharged from the  
14 hospital?

15 A. 22nd September, 2014; 16:30.

16 Q. Did there come a point during  
17 Miss Brock's confinement to the hospital  
18 that her condition began improving?

19 MR. LAX: Objection.

20 A. I do not know.

21 Q. How long after a patient that is  
22 admitted to the psych unit of Harlem  
23 Hospital begins to show improvement do you  
24 release them from the hospital?

25 MR. LAX: Objection.

Dr. Alan Labor  
March 22, 2016

119

1 DR. ALAN LABOR

2 A. There is no time and date.

3 Q. What do you mean?

4 A. There's no specific time, date  
5 or period.

6 Q. Can you hold them indefinitely?

7 A. If we have to, under the law.

8 Q. What symptoms does an individual  
9 have to exhibit in order for you to hold  
10 them indefinitely under the law?

11 MR. LAX: Objection.

12 A. It's not -- it's hard to tell.

13 It's on a case-by-case basis.

14 Q. When you say under the law, what  
15 laws are you referring to?

16 A. Mental health law, hygiene law.

17 Q. Is there a specific section?

18 A. I do not know.

19 Q. Could you have held Miss Brock  
20 indefinitely?

21 A. I do not know, because I saw her  
22 very briefly.

23 Q. After meeting with her for the  
24 initial 15-minute meeting on September  
25 15th, I believe it was, when was the next

Dr. Alan Labor  
March 22, 2016

120

1 DR. ALAN LABOR

2 time that you saw Miss Brock?

3 A. The following day before she  
4 went upstairs.

5 Q. How long did you meet with Miss  
6 Brock the following day before she went  
7 upstairs?

8 A. I did not meet with her  
9 personally.

10 Q. Did you observe her in some  
11 capacity?

12 A. Yes, I did.

13 Q. Can you explain that to me a  
14 little bit?

15 A. She had appeared less  
16 argumentative, and she was -- she appeared  
17 a little calmer than the previous day.

18 Q. But you're saying that you  
19 didn't speak with her directly; is that  
20 correct?

21 A. I observed her. Yes.

22 Q. How did you observe her?

23 A. In her room. In her room, doing  
24 rounds.

25 Q. Did you observe her for a matter